

**Nevada's Best Incorporators**

Robert C. Harris



[www.NevadaIncorporate.com](http://www.NevadaIncorporate.com)

February 13, 2014

Re: NAC Foundation, LLC

Dear Rowland:

Congratulations! Enclosed is your Corporate Charter and your initial **Officers List**, which is to be signed along with submitting payment to my office with the first year fee of \$325.00 (Checks must be made payable to Secretary of State), preferably within twenty-five days (Note: Nevada charges a \$175.00 late fee, so please be prompt.). This list and fee is to be done each year thereafter (subsequent years \$325.00).

Also enclosed is a SS4 so that I may obtain your Employer Tax Number (EIN). Please sign the form at the checks—and get it back to me.

**Nevada now requires (NRS 364A) all corporate entities to register for a Nevada Business License; presently there are no out of state exemptions.**

If you would like S status for your LLC, you MUST SUBMIT FORM 2553 to the IRS. Please inform me in writing of any change of address and we need your current phone number. Any other concerns, please call the number above, between 10:00 a.m. and 5:00 p.m. PST, or e-mail me [REDACTED]. By the way, please keep in mind that we also do Living Trusts. Thank you for your business; and please recommend us to your friends who want to incorporate. Finally, I hope all is well with you!

Sincerely,

Robert C. Harris

ec: file

mailed February 13<sup>th</sup>, 2013

# SECRETARY OF STATE



## LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **NAC FOUNDATION, LLC** did on February 13, 2014, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 13, 2014.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20140213-2055  
You may verify this certificate  
online at <http://www.nvsos.gov/>





ROSS MILLER  
Secretary of State  
204 North Carson Street, Suite 4  
Carson City, Nevada 89701-4520  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)



\*050104\*

## Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number <b>20140108758-46</b> Filing Date and Time <b>02/13/2014 2:06 PM</b> Entity Number <b>E0078382014-6</b>
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Limited-Liability Company:</b> (must contain approved limited-liability company wording; see instructions)	NAC FOUNDATION, LLC		Check box if a Series Limited- Liability Company <input type="checkbox"/>	Check box if a Restricted Limited- Liability Company <input type="checkbox"/>
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: <b>ROBERT C. HARRIS</b> Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity Street Address City Nevada Zip Code Mailing Address (if different from street address) City Nevada Zip Code			
<b>3. Dissolution Date:</b> (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):			
<b>4. Management:</b> (required)	Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) <b>OR</b> <input type="checkbox"/> Member(s) (check only one box)			
<b>5. Name and Address of each Manager or Managing Member:</b> (attach additional page if more than 3)	1) <b>ROWLAND ANDRADE</b> Name Street Address City State Zip Code 2) Name Street Address City State Zip Code 3) Name Street Address City State Zip Code			
<b>6. Effective Date and Time:</b> (optional)	Effective Date: Effective Time:			
<b>7. Name, Address and Signature of Organizer:</b> (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <b>ROBERT C. HARRIS</b> Name <input checked="" type="checkbox"/> <b>ROBERT C. HARRIS</b> Organizer Signature Address City State Zip Code			
<b>8. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> <b>ROBERT C. HARRIS</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date <b>2/13/2014</b>			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 D.L.L.C. Articles  
Revised: 7-26-13

EX3188-003

ARTICLES OF ORGANIZATION

FOR

NAC Foundation, LLC

KNOW ALL MEN BY THESE PRESENTS: That the undersigned Organizer, Robert C. Harris, desiring to form a limited liability company under the laws of State of Nevada, does hereby sign, verify and deliver to the Secretary of State of Nevada these Articles of Organization.

ARTICLE I

Clearly stated, the name of the limited liability company shall be NAC Foundation, LLC, hereinafter, and, only for the purpose of these articles, shall be referred to as the company.

ARTICLE II

The designated Registered Agent for THE COMPANY is Robert C. Harris, whose address is: [REDACTED]

ARTICLE III

The company shall be perpetual, unless otherwise dissolved beforehand in accordance to the Laws of Nevada; also, unless otherwise agreed by the Manager & Members, in the event of death, retirement, resignation, expulsion, bankruptcy or dissolution of the Manager or Members, or the occurrence of an event which terminates the continued membership of the Manager or Members of The COMPANY, NAC Foundation LLC, will dissolve.

**ARTICLE IV**

THE COMPANY shall be managed by one (1) manager. The name of the manager is as follows:

Rowland Andrade, whose address is: [REDACTED] The Manager solely retains the right to admit additional members to THE COMPANY upon such terms and conditions as he decides. Any and all members who are subsequently admitted as a member of THE COMPANY shall have all the rights and obligations of membership under that agreement.

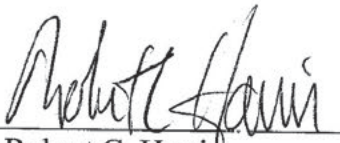
The Company objective shall be to engage in Any Legal Service; To engage in any other trade, business or management which can, in the opinion of The Company, be beneficial to the foregoing business; To do other things as are incidental or advisable to the foregoing, or essential in order to accomplish the foregoing.

**ARTICLE V**

Concerning *other matters*, THE COMPANY will operate lawfully in accordance with the Laws of the State of Nevada.

**ARTICLE VI**

The name of the Organizer, which is one (1) in number, who is executing the Articles of Organization is as follows: Robert C. Harris; and he acknowledges this instrument on this day, February 13<sup>th</sup>, 2014.

  
Robert C. Harris





NAC FOUNDATION, LLC

FILE NUMBER



NAME OF LIMITED-LIABILITY COMPANY

E0078382014-6

FOR THE FILING PERIOD OF FEB, 2014

TO FEB, 2015. Due by Mar 31, 2014

USE BLACK INK ONLY - DO NOT HIGHLIGHT



100401

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\***☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the filing fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the first month following the incorporation/initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include initial list and business license fees will result in rejection of filing.

ABOVE SPACE IS FOR OFFICE USE ONLY

FILING FEE: \$125.00 LATE PENALTY: \$75.00 (if filing late) BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW****NRS 76.020 Exemption Codes**☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

001 - Governmental Entity  
 005 - Motion Picture Company  
 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached.  
 Failure to attach the Declaration of Eligibility will result in rejection,

NAME

Rowland Andrade

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE ZIP CODE

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE ZIP CODE

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE ZIP CODE

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

✓X

✓ Title

✓ Date

Signature of Manager, Managing Member or  
 Other Authorized Signature

EX3188-006

Nevada Secretary of State Initial List ManofMem

Revised: 8-8-13



**Application for Employer Identification Number**

OMB No. 1545-0003



(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>NAC Foundation, LLC</b>																	
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name															
4a Mailing address (room, apt., suite no. and street, or P.O. box) [REDACTED]		5a Street address (if different) (Do not enter a P.O. box.)															
4b City, state, and ZIP code (if foreign, see instructions) [REDACTED]		5b City, state, and ZIP code (if foreign, see instructions)															
6 County and state where principal business is located [REDACTED]																	
7a Name of principal officer, general partner, grantor, owner, or trustor <b>Rowland Andrade</b>		7b SSN, ITIN, or EIN [REDACTED]															
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>1</b>															
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
9a <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN) _____</td><td><input type="checkbox"/> Estate (SSN of decedent) _____</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (TIN) _____</td></tr><tr><td><input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____</td><td><input type="checkbox"/> Trust (TIN of grantor) _____</td></tr><tr><td><input type="checkbox"/> Personal service corporation</td><td><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____</td><td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) ▶ <b>single LLC Holding</b></td><td>Group Exemption Number (GEN) if any ▶ _____</td></tr></table>			<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____	<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input checked="" type="checkbox"/> Other (specify) ▶ <b>single LLC Holding</b>	Group Exemption Number (GEN) if any ▶ _____	
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9b If a corporation, name the state or foreign country (if applicable) where incorporated <table border="1"><tr><td>State <b>Nevada</b></td><td>Foreign country</td></tr></table>		State <b>Nevada</b>	Foreign country														
State <b>Nevada</b>	Foreign country																
10 <b>Reason for applying</b> (check only one box) <table border="0"><tr><td><input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Holding</b></td><td><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 13.)</td><td><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td></tr><tr><td><input type="checkbox"/> Compliance with IRS withholding regulations</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td><input type="checkbox"/> Other (specify) ▶ _____</td><td><input type="checkbox"/> Created a trust (specify type) ▶ _____</td></tr><tr><td></td><td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td></tr></table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Holding</b>	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
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<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business																
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____																
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____																
11 Date business started or acquired (month, day, year). See instructions. <b>February 2014</b>		12 Closing month of accounting year <b>12</b>															
13 Highest number of employees expected in the next 12 months (enter -0- if none). <table border="1"><tr><td>Agricultural <b>0</b></td><td>Household <b>0</b></td><td>Other <b>0</b></td></tr></table>		Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>	14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")												
Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>															
15 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶																	
16 Check <b>one</b> box that best describes the principal activity of your business. <table border="0"><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Rental &amp; leasing</td><td><input type="checkbox"/> Transportation &amp; warehousing</td><td><input type="checkbox"/> Health care &amp; social assistance</td><td><input type="checkbox"/> Wholesale-agent/broker</td></tr><tr><td><input type="checkbox"/> Real estate</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Finance &amp; insurance</td><td><input type="checkbox"/> Accommodation &amp; food service</td><td><input type="checkbox"/> Wholesale-other</td></tr><tr><td colspan="3"></td><td><input checked="" type="checkbox"/> Other (specify) <b>Holding</b></td><td><input type="checkbox"/> Retail</td></tr></table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other				<input checked="" type="checkbox"/> Other (specify) <b>Holding</b>	<input type="checkbox"/> Retail
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			<input checked="" type="checkbox"/> Other (specify) <b>Holding</b>	<input type="checkbox"/> Retail													
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Holding</b>																	
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶																	

<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>Robert Harris</b>	Designee's telephone number (include area code) [REDACTED]
	Address and ZIP code [REDACTED]	Designee's fax number (include area code) [REDACTED]
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) ▶ <b>Rowland Andrade/Manager</b>		Applicant's telephone number (include area code) [REDACTED]
Signature ▶ 		Applicant's fax number (include area code) ( )
Date ▶ 		

**EIN Assistant**

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

**Congratulations! The EIN has been successfully assigned.**

EIN Assigned: [REDACTED]

Legal Name: **NAC FOUNDATION LLC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

**We strongly recommend you print this page for your records.**

Click "Continue" to get additional information about using the new EIN.

Continue >>

**Help Topics**

? [Can the EIN be used before the confirmation letter is received?](#)